

United States Code, pursuant to paragraph (1) or (2) of such section.

(2) **FEDERALLY QUALIFIED HEALTH CENTER.**—The term “Federally Qualified Health Center” means a federally-qualified health center as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B)).

**SEC. 123. REQUIREMENT OF DENTAL CLINIC OF DEPARTMENT OF VETERANS AFFAIRS IN EACH STATE.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall ensure that each State has a dental clinic of the Department of Veterans Affairs to service the needs of the veterans within that State.

(b) **EFFECTIVE DATE.**—This section shall take effect on the date that is one year after the date of the enactment of this Act.

**SEC. 124. PROGRAM ON EDUCATION TO PROMOTE DENTAL HEALTH IN VETERANS.**

(a) **PROGRAM REQUIRED.**—The Secretary of Veterans Affairs shall carry out a program of education to promote dental health for veterans who are enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code.

(b) **ELEMENTS.**—The program required by subsection (a) shall provide education for veterans on the following:

- (1) The association between dental health and overall health and well-being.
- (2) Proper techniques for dental care.
- (3) Signs and symptoms of commonly occurring dental conditions.
- (4) Treatment options for commonly occurring dental issues.

(5) Options for obtaining access to dental care, including information on eligibility for dental care through the Department.

(6) Available and accessible options for obtaining low or no-cost dental care, including through dental schools and Federally Qualified Health Centers.

(7) Such other matters relating to dental health as the Secretary considers appropriate.

**(c) DELIVERY OF EDUCATIONAL MATERIALS.**

(1) **IN GENERAL.**—The Secretary shall provide educational materials to veterans under the program required by subsection (a) through a variety of mechanisms, including the following:

(A) The availability and distribution of print materials at facilities of the Department (including at medical centers, clinics, Vet Centers, and readjustment counseling centers) and to providers (including members of Patient Aligned Care Teams).

(B) The availability and distribution of materials over the Internet, including through webinars, My HealtheVet, and VA.gov.

(C) Presentations by the dental program office of the Department of information, including both small group and large group presentations, and distribution of such information to all locations in which the program is being carried out.

(2) **SELECTION OF MECHANISMS.**—In selecting mechanisms under paragraph (1), the Secretary shall select mechanisms designed to maximize the number of veterans who receive education under the program.

(d) **CONSTRUCTION.**—Nothing in this section shall be construed to alter or revise the eligibility of any veteran for dental care under the laws administered by the Secretary.

(e) **DEFINITIONS.**—In this section

(1) **FEDERALLY QUALIFIED HEALTH CENTER.**—The term “Federally Qualified Health Center” means a federally-qualified health center as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B)).

(2) **VET CENTER.**—The term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

(f) **EFFECTIVE DATE.**—This section shall take effect on the date that is one year after the date of the enactment of this Act.

**SEC. 125. STUDENT LOAN REPAYMENT PROGRAM TO INCENTIVIZE DENTAL TRAINING AND ENSURE THE DENTAL WORKFORCE OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **PROGRAM REQUIRED.**—The Secretary of Veterans Affairs, to ensure that the Department of Veterans Affairs has sufficient staff to provide dental service to veterans, shall implement a loan reimbursement program for qualified dentists, dental therapists, dental hygienists, and oral surgeons who agree—

(1) to be appointed by the Secretary as a dentist, dental therapist, dental hygienist, or oral surgeon, as the case may be, under section 7401 of title 38, United States Code; and

(2) to serve as a dentist, dental therapist, dental hygienist, or oral surgeon, as the case may be, of the Department pursuant to such appointment at a dental clinic of the Department for a period of not less than five years.

(b) **MAXIMUM AMOUNT.**—

(1) **IN GENERAL.**—Except as provided in paragraph (2), the Secretary may reimburse not more than—

(A) \$75,000 for each dentist participating in the program under subsection (a);

(B) \$20,000 for each dental therapist participating in such program;

(C) \$10,000 for each dental hygienist participating in such program; and

(D) \$20,000 for each credentialed doctor of medicine in dentistry serving as an oral surgeon and participating in such program.

(2) **DUAL ELIGIBILITY.**—The Secretary may reimburse an individual serving in multiple positions described in subparagraphs (A) through (D) of paragraph (1) not more than \$95,000.

(c) **SELECTION OF LOCATIONS.**—The Secretary shall monitor demand among veterans for dental care and require participants in the program under subsection (a) to choose from dental clinics of the Department with the greatest need for dentists, dental hygienists, or oral surgeons, as the case may be, according to facility enrollment and patient demand.

**SEC. 126. EDUCATIONAL AND TRAINING PARTNERSHIPS FOR DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS AND ORAL SURGEONS.**

The Secretary of Veterans Affairs shall enter into educational and training partnerships with dental schools to provide training and employment opportunities for dentists, dental therapists, dental hygienists, and oral surgeons.

**SEC. 127. AUTHORIZATION OF APPROPRIATIONS.**

(a) **IN GENERAL.**—There is authorized to be appropriated for the Department of Veterans Affairs for fiscal year 2023 such sums as may be necessary to carry out this subtitle.

(b) **AVAILABILITY.**—The amount authorized to be appropriated under subsection (a) shall be available for obligation for the eight-year period beginning on the date that is one year after the date of the enactment of this Act.

**SA 5058.** Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

**Subtitle C—Other Health Care Matters**

**SEC. 121. EXPANSION OF HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS TO INCLUDE MEMBERS OF THE RESERVE COMPONENTS OF THE ARMED FORCES WHO ARE NOT ON ACTIVE ORDERS.**

(a) **EXPANSION OF CARE.**—

(1) **IN GENERAL.**—Section 1789 of title 38, United States Code, is amended to read as follows:

**“§ 1789. Health care for members of the reserve components of the Armed Forces**

“(a) **IN GENERAL.**—The Secretary (subject to subsection (c)) shall furnish hospital care and medical services to any member of the reserve components of the Armed Forces during any period in which the member is not entitled to health care furnished by the Secretary of Defense.

“(b) **MENTAL HEALTH CARE.**—The Secretary may furnish mental health services to members of the reserve components of the Armed Forces.

“(c) **LIMITATION.**—The requirement in subsection (a) shall be effective in any fiscal year only to the extent and in the amount provided in advance in appropriations Acts for such purpose.

“(d) **CONSULTATION WITH SECRETARY OF DEFENSE.**—The Secretary shall carry out this section in consultation with the Secretary of Defense.”.

(2) **CLERICAL AMENDMENT.**—The table of sections at the beginning of subchapter VIII of chapter 17 of such title is amended by striking the item relating to section 1789 and inserting the following new item:

“1789. Health care for members of the reserve components of the Armed Forces.”.

(b) **ENROLLMENT IN PATIENT ENROLLMENT SYSTEM.**—

(1) **PRIORITY FOR ENROLLMENT.**—Section 1705(a) of title 38, United States Code, is amended—

(A) in the matter preceding paragraph (1), by striking “enrollment of veterans” and inserting “enrollment of individuals under such system”; and

(B) in paragraph (7)—

(i) by striking “Veterans” and inserting “(A) Veterans”; and

(ii) by adding at the end the following new subparagraph:

“(B) Members of the reserve components of the Armed Forces for purposes of furnishing hospital care and medical services under section 1789(a) of this title.”.

(2) **INITIAL ENROLLMENT.**—The Secretary of Veterans Affairs shall enroll all members of the reserve components of the Armed Forces in the patient enrollment system by not later than December 31, 2022.

(3) **ONGOING ENROLLMENT.**—After December 31, 2022, the Secretary shall automatically enroll in the patient enrollment system all new members of the reserve components of the Armed Forces upon those members joining the reserve components.

(4) **CONSULTATION WITH SECRETARY OF DEFENSE.**—The Secretary shall carry out this subsection and the amendments made by this subsection in consultation with the Secretary of Defense.

(5) **PATIENT ENROLLMENT SYSTEM DEFINED.**—In this subsection, the term “patient enrollment system” means the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code.

**SA 5059.** Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN)

and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

**Subtitle C—Other Health Care Matters**

**SEC. 121. MODIFICATION OF DETERMINATION OF ELIGIBILITY OF VETERANS FOR TREATMENT AS A LOW-INCOME FAMILY FOR PURPOSES OF ENROLLMENT IN THE PATIENT ENROLLMENT SYSTEM OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **AREAS OF RESIDENCE.**—The Secretary of Veterans Affairs shall modify the areas in which veterans reside as specified for purposes of determining whether veterans qualify for treatment as low-income families for enrollment in the patient enrollment system of the Department of Veterans Affairs under section 1705(a)(7) of title 38, United States Code, to meet the requirements as follows:

(1) Any area so specified shall be within only one State.

(2) Any area so specified shall be coextensive with one or more counties (or similar political subdivisions) in the State concerned.

(b) **VARIABLE INCOME THRESHOLDS.**—The Secretary shall modify the thresholds for income as specified for purposes of determining whether veterans qualify for treatment as low-income families for enrollment in the patient enrollment system referred to in subsection (a) to meet the requirements as follows:

(1) There shall be one income threshold for each State, equal to 100 percent of the highest income threshold among—

(A) the counties or metropolitan statistical areas within such State; and

(B) any metropolitan statistical area that encompasses territory of such State and one or more other States.

(2) The calculation of the highest income threshold of a county or metropolitan statistical area shall be consistent with the calculation used for purposes of section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)).

(3) The timing and methodology for implementing any modifications in geographic income thresholds pursuant to paragraph (1) shall be determined by the Secretary in such a manner as to permit the Department to build capacity for enrolling such additional veterans in the patient enrollment system of the Department as become eligible for enrollment as a result of such modifications, except that all required modifications shall be completed not later than five years after date of the enactment of this Act.

(c) **METROPOLITAN STATISTICAL AREA.**—In this section, the term “metropolitan statistical area” has the meaning given that term by the Office of Management and Budget.

**SEC. 122. GUARANTEE OF HEALTH CARE BENEFITS FOR ENROLLED VETERANS.**

The Secretary of Veterans Affairs shall ensure that all veterans, once enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, remain enrolled in such system and may continue receiving health care furnished by the Department if they choose, subject to such cost-sharing requirements as may apply to the veteran under existing provisions of law.

**SA 5060.** Mr. PAUL submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill

H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. —. OFFSET THROUGH TEMPORARY REDUCTION IN FOREIGN ASSISTANCE PROGRAMS.**

During the 10-year period beginning on October 1, 2022, no Federal funds may be expended by the United States Agency for International Development other than funds that have been appropriated for Israel.

**SA 5061.** Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 58, strike line 19 and all that follows through page 61, line 11, and insert the following:

(c) **EFFECTIVE DATES AND APPLICABILITY.**—

(1) **IN GENERAL.**—The amendment made by subsection (b) shall take effect on the date of the enactment of this Act and shall apply as follows:

(A) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and for veterans whom the Secretary of Veterans Affairs determines are—

- (i) terminally ill;
- (ii) homeless;
- (iii) under extreme financial hardship;
- (iv) more than 85 years old; or
- (v) capable of demonstrating other sufficient cause.

(B) On October 1, 2022, for everyone not described in subparagraph (A).

(2) **RETROACTIVE APPLICATION.**—Notwithstanding any Federal court decisions or settlements in effect on the day before the date of the enactment of this Act, the Secretary of Veterans Affairs shall award retroactive claims for a condition under section 1116(a)(2)(L) of title 38, United States Code, as added by subsection (b) of this section, only to claimants for dependency and indemnity compensation under chapter 13 of such title described in paragraph (1)(A) of this subsection.

**SA 5062.** Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 58, strike line 5 and all that follows through page 61, line 11.

**SA 5063.** Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 117, strike line 22 and all that follows through page 121, line 12.

**SA 5064.** Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

**Subtitle C—Other Health Care Matters**

**SEC. 121. MODIFICATION TO STANDARDS FOR ACCESS TO HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT PROVIDERS.**

(a) **IN GENERAL.**—Section 1703B of title 38, United States Code, is amended—

(1) by striking subsections (a) through (e) and inserting the following new subsections: “(a) **THRESHOLD ELIGIBILITY STANDARDS FOR ACCESS TO COMMUNITY CARE.**—(1) A covered veteran may elect to receive non-Department hospital care, medical services, or extended care services through the Veterans Community Care Program under section 1703 of this title pursuant to subsection (d)(1)(D) of such section using the following eligibility access standards:

“(A) With respect to primary care, mental health care, or non-institutional extended care services, if the Department cannot schedule an appointment for the covered veteran with a health care provider of the Department—

“(i) within 30 minutes average driving time from the residence of the veteran; and

“(ii) within 20 days of the date of request for such an appointment unless a later date has been agreed to by the veteran in consultation with the health care provider.

“(B) With respect to specialty care or specialty services, if the Department cannot schedule an appointment for the covered veteran with a health care provider of the Department—

“(i) within 60 minutes average driving time from the residence of the veteran; and

“(ii) within 28 days of the date of request for such an appointment unless a later date has been agreed to by the veteran in consultation with the health care provider.

“(2) For the purposes of determining the eligibility of a covered veteran for care or services under paragraph (1), the Secretary shall not take into consideration the availability of telehealth appointments from the Department when determining whether the Department is able to furnish such care or services in a manner that complies with the eligibility access standards under such paragraph.

“(b) **ACCESS TO CARE STANDARDS FOR COMMUNITY CARE.**—(1) Subject to subsection (c), the Secretary shall meet the following access to care standards when furnishing non-Department hospital care, medical services, or extended care services to a covered veteran through the Veterans Community Care Program under section 1703 of this title:

“(A) With respect to an appointment for primary care, mental health care, or non-institutional extended care services—

“(i) within 30 minutes average driving time from the residence of the veteran unless a longer driving time has been agreed to by the veteran; and

“(ii) within 20 days of the date of request for such an appointment unless a later date has been agreed to by the veteran.

“(B) With respect to an appointment for specialty care or specialty services—

“(i) within 60 minutes average driving time from the residence of the veteran unless a